

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*IPLA Executive Director*

## **APPLICATION GUIDELINES FOR REPEAT EXAM APPLICANTS**

### **Mailing Address:**

Indiana Professional Licensing Agency (IPLA)  
Attn: Indiana State Board of Health Facility Administrators  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**\*PLEASE WAIT TO RECEIVE THE NOTIFICATION OF THE FAILED EXAM BEFORE MAILING IN THE REPEAT EXAM\***

### **FEE AND APPLICATION INFORMATION**

**If you are repeating the NAB or RCAL exam**, please submit the fee of **fifty dollars (\$50.00)** to the Indiana Professional Licensing Agency along with the Application for Repeat Examination for Health Facility Administrators/ Residential Care Administrators to the mailing address above.

You will then need to visit the NAB website at [www.nabweb.org](http://www.nabweb.org) to apply for the examination. The Information for Candidates Handbook may be downloaded off the NAB website and study materials may be ordered from the NAB website.

**If you are repeating the Indiana Jurisprudence exam**, please submit the fee of a **hundred dollars (\$100.00)** payable to the Indiana Professional Licensing Agency along with the Application for Repeat Examination for Health Facility Administrators/ Residential Care Administrators to the mailing address above.

After your application is received, you will be notified to back a background check. Please do not get the background check till after you have been notified.

### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where release is required by law, in which case you will be notified.

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Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and your application cannot be processed without it.

If you have questions concerning the application process, please call 317-234-3022, email us at [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or visit our website at [www.in.gov/pla/hfa.htm](http://www.in.gov/pla/hfa.htm).